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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/550,545 Application Number Conf. No.: 1930 FEE TRANSMITTAL June 19, 2006 Filing Date For FY 2009 Stephen THOMSON First Named Inventor **Examiner Name** J. MCDONOUGH Applicant claims small entity status. See 37 CFR 1.27 1793 Art Unit TOTAL AMOUNT OF PAYMENT 940.00 0446-0180PUS1 Attorney Docket No. **METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 220 0.00 270 110 0.00Design 220 110 100 140 50 70 0.00 220 Plant 110 330 165 170 85 0.00 Reissue 330 540 650 165 270 325 0.00 220 Provisional 110 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 220 110 Each independent claim over 3 (including Reissues) Multiple dependent claims 390 195 Multiple Dependent Claims **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) 0 _ - 20 or HP = ____ x _ Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. 0.00 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 0 x - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee Paid (\$) - 100 = _____0 (round **up** to a whole number) x 0.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 0.00 Other (e.g., late filing surcharge): RCE and Extension of Time Fee 940.00 SUBMITTED BY Registration No. 40069 Telephone 703-205-8000 Signature Name (Print/Type) MaryAnne Armstrong, PhD Date February 16, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.